DOCUMENT RESUME

ED 462 217 RC 023 283

AUTHOR	Jackson, Mike; Heroux, Janet
TITLE	Program To Address Sociocultural Barriers to Health Care in Hispanic Communities. National Program Report.
INSTITUTION	National Coalition of Hispanic Health and Human Services Organizations.
SPONS AGENCY	Robert Wood Johnson Foundation, Princeton, NJ.
PUB DATE	1999-07-00
NOTE	40p.
AVAILABLE FROM	For full text: http://www.rwjf.org/app/rw_grant_results_reports/rw_npr/barrierse.htm.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adolescents; Community Health Services; Community Organizations; *Cultural Awareness; Health Education; *Health Promotion; *Hispanic Americans; *Outreach Programs; Professional Training; Workshops
IDENTIFIERS	*Access to Health Care

ABSTRACT

Many members of the Hispanic community are separated from the larger community by language barriers and different cultures and belief systems. These factors can affect Hispanic Americans' ability to seek and gain access to the health care system. The Program To Address Sociocultural Barriers to Health Care in the Hispanic Community, known as "Proyecto HEAL," developed and implemented community-based interventions to address sociocultural barriers to health care access. The interventions aimed to (1) identify language and cultural barriers impeding Hispanics' access to health care and inform health care providers about Hispanic health care beliefs; (2) educate Hispanic families about the health care system, its providers, and how to access them; and (3) develop peer education programs for adolescents and pre-adolescents to enable them to promote the value of primary and preventive health care in their communities. All program planning and implementation was carried out by community-based agencies and organizations at seven sites in Denver, Miami, Los Angeles, Chicago, Brooklyn, Watsonville (California), and Albuquerque. As part of its technical assistance, the national program office developed a set of field-tested bilingual materials for Hispanic youth and families and cultural competency materials on preventive health care for health care professionals. Training was delivered to approximately 2,800 youth and family members and 1,000 professionals, and community outreach activities reached larger numbers of youth and families. In addition, Hispanic community-based organizations increased their own effectiveness through involvement with local youth and families and by developing partnerships with local health-related agencies. Detailed descriptions of activities at the seven project sites are included. (SV)

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ED 462 217

Program to Address Sociocultural Barriers to Health Care in Hispanic Communities:

National Program Report, July 1999

National Coalition of Hispanic Health and Human Services Organizations

COSSMHO

Washington, DC

Sponsored by

The Robert Wood Johnson Foundation

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RC023283

NATIONAL PROGRAM REPORT

PROGRAM TO ADDRESS SOCIOCULTURAL BARRIERS TO HEALTH CARE IN HISPANIC COMMUNITIES

Authorized by the Board of Trustees in July 1992 for $2,913,118

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) (Washington, DC) *National Program Office*
$2,913,118; 63 months from 09/01/92 to 11/30/97 **ID# 018351**

Program Director: Adolph P. Falcón
(202) 797-4341 E-mail: afalcon@cossmho.org
Deputy Director: Caroline Quijada
(202) 797-4343 E-mail: cquijada@cossmho.org

Evaluator: James T. Herrell, PhD *Process Evaluation*
Potomac, MD
$20,000; contracted by NPO
29 months: September 1992 to August 1993; February 1996 to November 1997
(301) 443-2376

OVERVIEW

EXECUTIVE SUMMARY

Many members of the Hispanic community in the United States are separated from the larger community by language barriers and different cultures and belief systems. These factors can affect Hispanic Americans' ability to seek and gain access to the health care system. The Robert Wood Johnson Foundation (RWJF) funded the Program to Address Sociocultural Barriers to Health Care in the Hispanic Community, known as *Proyecto* HEAL, to develop and implement community-based interventions that would address sociocultural barriers to health care for Hispanic Americans. The interventions would:

- Identify language and cultural barriers facing Hispanics in gaining access to the health care system, and inform providers about Hispanic health care beliefs.
- Educate Hispanic families about the health care system, its providers, and how to access them.
- Develop peer education programs for preadolescents to enable them to promote the value of primary and preventive health care within their communities.

The program was authorized in July 1992 for up to $2,913,118 over five years.

RC023283

The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), located in Washington, DC, served as the National Program Office (NPO). Formerly the Coalition of Spanish-Speaking Mental Health Organizations and still retaining its original acronym, COSSMHO was established in 1973 and represents over 1,100 member organizations. Its mission is to improve the health and well-being of all Hispanic communities throughout the United States. COSSMHO provided technical assistance and direction, and issued subcontracts to fund projects in sites around the county and to conduct an assessment of the program's sites. With this program, RWJF departed from its usual practice in funding national programs by taking a minor role in selection of sites and leaving the negotiation, issuing of subcontracts, and monitoring of progress entirely to COSSMHO.

The premise of the program was that Hispanic communities know their own problems and are most able to develop initiatives to address them successfully. Therefore, all program planning and implementation were conducted by the local health coalitions and community-based service agencies working under subcontract to the NPO. The NPO's Call for Proposals was sent to community-based organizations (CBOs) in eight target communities in Denver, Colorado; Miami, Florida; Los Angeles, California; Chicago, Illinois; Brooklyn, New York; Watsonville, California; Albuquerque, New Mexico; and El Paso, Texas. From September 1992 to August 1993, using the Hispanic Health Needs Assessment (HHNA) instrument, adapted by the NPO, all the sites participated in a needs assessment to collect information on major health issues, identify service gaps, and mobilize key players to develop a plan for program implementation. James T. Herrell, PhD, an independent evaluator, analyzed the findings and reported them to the sites along with lengthy sets of recommendations for programming. COSSMHO issued a book based on the data gathered with HHNA, *Profiles of Health: Documenting Health Status and Establishing Priorities.* As part of its technical assistance, COSSMHO also developed a core set of field-tested bilingual materials called the *Families, Adolescents, Children, and Training Resources (FACT) Kit* for sites to use to work with youth, families, and health care professionals. The materials put into one place COSSHMO's experience with community-based health initiatives and training.

All of the sites received implementation funding except for El Paso. An evaluation of the program sites — not the program as a whole — was conducted. Limited documentation at the sites prevents confirmation of numbers of people the program reached, but the evaluation report indicated that at least 2,800 youth and parents enrolled in HEAL programs. (Numbers by site, where documented in the evaluation report, are included under each site description.) Many other program-generated community outreach and health promotion activities, such as health

fairs, are likely to have reached larger numbers of youth and their families. In addition, according to the National Program Office (NPO), approximately 1,000 health professionals were trained using materials developed by the NPO on cultural competency. The evaluation also indicated that the community-based organizations at each site became connected with many health-related agencies in their communities and leveraged significant additional resources, including funding, for many of their initiatives. This enabled these organizations, already trusted and respected by their communities, to act more effectively on their communities' behalf on health issues such as access, and to develop their community health leadership capacity. This infrastructure development was one of the key accomplishments of *Proyecto* HEAL.

BACKGROUND

By 1991, Hispanic Americans were, simultaneously, members of the fastest growing segment of the US population *and* one of the most medically underserved segments. When the program was initially proposed to the Foundation, this rate of growth — 34% since the 1980 Census — was more than five times greater than the growth rate of the non-Hispanic population (6.6%), due primarily to high birthrates, according to the census. In 1991, Hispanics represented 8.4% of the US population, but they were forecast to become, by 2010, the largest minority group in the nation. At the same time, 30% of Hispanic Americans did not have access to a regular source of health care, compared to 20% of African Americans, and 16% of whites; 32% of Hispanic Americans had no health insurance, compared to 22% of African Americans, and 12.4% of whites.

Social and Cultural Traditions and Barriers

Most Hispanic Americans place high value on family, church, and community. Because they traditionally turn to these sources for help and advice, they may be accustomed to dealing with health problems by relying on personal relationships that are established and developed over time. Health care providers and organizations, however, often operate *outside* this social framework. In addition, providers often do not speak Spanish, and may be unaware of, or not interested in, the beliefs Hispanics hold about health care. Such providers may maintain organizational and procedural policies that are insensitive to Hispanic culture and beliefs. As a result, Hispanics may not receive culturally appropriate care once they reach the health system, or they may not even approach the system when necessary. This, in turn, may contribute to poor health outcomes among Hispanics.

The Robert Wood Johnson Foundation's Interest

One of the main goals of The Robert Wood Johnson Foundation (RWJF) is improving access to health care for all Americans. RWJF programs have addressed a variety of financial, organizational, and geographic barriers to access to health care. In the early 1990s, at the time this program was funded, RWJF had begun looking at ways to address the problem of "sociocultural barriers" — the barriers patients face when seeking health care because providers and patients have different languages, cultures, and beliefs. The COSSMHO proposal that arrived at RWJF in March 1991 was among the first aimed specifically at this issue.

RWJF expected this initiative would develop programming around specific health needs of participating communities; enhance the motivation and ability of individuals to use the health care system effectively; nurture and sustain interest in community health among Hispanic youth; and influence the existing community-based health and human service infrastructures to respond better to Hispanics' health needs. RWJF envisioned that participating CBOs would develop relationships with local health care institutions to increase community access to the health care system and would develop as institutional leaders in the community health field. However, RWJF considered health care providers' possible lack of motivation to become involved in the program to be a significant risk.

Shortly after this program began, the Foundation funded another national program, Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care, which was not limited to barriers facing Hispanics, but included those facing other ethnic and cultural groups as well. Opening Doors focused more on changing providers than on the community facing the barriers. See posted report on the Opening Doors program.

PROGRAM STRUCTURE AND OPERATIONS

In July 1992, the Board authorized this one-grant five-year program for up to $2,913,118. The National Program Office opened at COSSHMO in September 1992 and closed in November 1997. In June 1996, Adolph P. Falcón succeeded Concha Orozco as the Program Director and in October 1995, Caroline Quijada became the Deputy Director. The program, titled *Proyecto* HEAL, was managed centrally by COSSMHO. Because this was a regranting program, under which COSSMHO, rather than RWJF, made grants directly to the sites, COSSMHO's financial management office operated as the fiscal agent for the program, reviewing local program budgets and quarterly financial reports, and disseminating funds based on these reports. In total, the NPO disbursed $1,467,000 to the sites; used $1,426118 for a range of technical assistance and development activities and the development of curricula for the sites; and funded the evaluation.

Technical Assistance and Direction

The NPO provided assistance to the sites in designing and implementing their programs, analyzing site-specific data, and conducting assessments. Throughout the program, COSSMHO monitored each site's progress and kept contact with key community leaders who had an impact on the projects. In addition, the NPO held program meetings in Washington, DC, in years one and two, in Miami in year three, and in Santa Fe, NM, in year four. The meetings brought together all site directors and a National Advisory Committee (NAC), allowing the committee time to review materials developed by the sites and to provide assistance to project directors. See the Appendix for a list of National Advisory Committee members.

Curriculum Development

As part of its technical assistance, COSSMHO developed a core set of field-tested bilingual materials called the *Families, Adolescents, Children, and Training Resources (FACT) Kit* for sites to use to work with youth, families, and health care professionals. The materials put into one place COSSHMO's experience with community-based health initiatives and training. COSSMHO's community-needs-assessment instrument *(Hispanic Health Needs Assessment [HHNA])* was also included. COSSMHO intended local agencies to adapt FACT materials to fit agency capabilities and local needs. The *FACT Kit* provided tools to promote Hispanic health and healthy development at the individual level *(About Adolescence)*, the family level *(Strengthening Families)*, the mental health provider level *(Structural Family Therapy: A Family Strengthening Approach for Counselors)*, and the health care provider level *(Delivering Preventive Health Care to Hispanic Families)*.

- ***About Adolescence: Changes and Choices,*** aimed at Hispanic youth ages 9 to 17 and their families, is designed for presentation by health care or human service professionals who work with adolescents. *About Adolescence* teaches parents and teens about the increased responsibility for self-care during adolescence. The text is in Spanish and English. The 12- to- 18-hour curriculum is divided into three modules: "Dealing with Common Illness and Injury," "Growth and Development," and "Dealing with Feelings, Family, and Friends." Each module is presented for adolescents, and for parents and families.
- ***Strengthening Families: A Curriculum for Hispanic Parents,*** available in English or Spanish, is primarily designed to strengthen the role of Hispanic parents and other family members in guiding their children, and aims to help them to prevent or reduce the serious health and social risks associated with problem behaviors in adolescence. The 24-hour course is composed of seven lessons in the module "Parenting and Communication Concepts," five lessons in the module "Human Sexuality and Development," and three

lessons in an additional module on HIV/AIDS. At one site, almost 300 community trainers were trained to deliver this curriculum.

- ***Structural Family Therapy: A Family Strengthening Approach for Counselors*** is targeted to family counselors, social service providers, and other health professionals working with families. It intends to provide both an understanding of how to identify problem behaviors and some basic tools for correcting problems that are likely to lead to behavioral disorders. The manual, which is in English, can be taught in six sessions of approximately two hours each. The chapter titles are "Helping Families," "Diversity of Families," "Basic Concepts of Structural Family Therapy," "Understanding Families," "Preparing the Terrain," and "Orchestrating Change."
- ***Delivering Preventive Health Care to Hispanics: A Manual for Providers*** targets health care providers, health educators, students, and other professionals working in the health and human services fields. The course is intended to assist non-Hispanic and Hispanic health providers to respond more effectively to the needs of Hispanics and enable them to gain greater access to, and more effective use of health and human services. The English text includes some terms in Spanish. The curriculum can be taught in two full-day training sessions with the first day covering the demographics, health status, and health practices of Hispanic communities, and the second day covering provider cultural competency and community health issues. According to the National Program Office, all told, 1,000 health professionals were trained using these materials.

DESIGN AND IMPLEMENTATION OF *PROYECTO* HEAL

Proyecto HEAL intended to address barriers to Hispanic utilization of health care services. Its goal was to develop community-based interventions to:

- Identify language and cultural barriers facing Hispanics in gaining access to the health care system, and inform providers about Hispanic health care beliefs.
- Educate Hispanic families about the health care system, its providers, and how to access them.
- Develop peer education programs for preadolescents to enable them to promote the value of primary and preventive health care within their communities

COSSMHO organized the design of the program around Health Empowerment, Access, and Leadership, hence the acronym HEAL. Through *Proyecto* HEAL, its designers planned to empower youth and their families by educating them about health and the health care system. They would increase access by educating families about the system and by training health care providers how to provide health care reflecting Hispanic values and beliefs. Development of

leadership would come through training youth to be peer educators, and training CBOs in coalition building in their communities. Building on the premise that Hispanic communities know their own problems and are best able to address them successfully, the program sought to use the process of developing solutions to increase the leadership capacity within the communities. Therefore, COSSMHO identified well-established CBOs in each community, and gave them wide latitude in developing and implementing their own strategies. COSSMHO required only the following elements for each site plan:

1. Development of a network of community leaders and representatives from the health care community responsible for program monitoring.
2. Opportunities for face-to-face contact between members of the Hispanic community and local health care providers through such means as facility tours by families and peer educators.
3. Cross-cultural training for health care providers that would address barriers to care and increase awareness of Hispanic culture and values concerning health care.
4. Peer health education and promotion programs for Hispanic preadolescents that would address that community's major health issues, encourage intergenerational communication about these issues, promote the importance of preventive health care, and increase skills in accessing the health care system.

Site Selection

Eight sites were initially selected by COSSMHO based on Hispanic subgroup representation; diversity and balance in geographic area; rural and urban populations; and Hispanic percentage of population. All eight participated in a year-long needs assessment process (see below) and were invited to submit written implementation proposals in August 1993.

Originally, the program planned that only six of these eight sites would be chosen for the implementation phase of the program. Written proposals were submitted from all eight sites and were reviewed by the National Advisory Committee (NAC). Members of the NAC scored each section of the proposals on a 100-point scale. Written evaluation reports for each proposal were prepared, including their strengths and weaknesses. Recommendations and proposal revisions were submitted to each agency, and the NPO staff conducted follow-up. This process resulted in the selection of seven sites instead of six. Funding for sites was adjusted to allow for the seventh site. Centro de Salud Familiar La Fe, in El Paso, TX, was not selected, based on the NAC's criteria. The program's sites were:

- Latin American Research and Service Agency, Denver, CO
- Little Havana Activities & Nutrition Center of Dade County, Miami, FL

- Multicultural Area Health Education Center, East Los Angeles, CA
- Pilsen-Little Village Community Health Center, Chicago, IL
- Puerto Rican Family Institute, Brooklyn, NY
- Salud Para la Gente, Watsonville, CA
- Youth Development, Inc., Albuquerque, NM

Needs Assessment

From September 1992 to August 1993, each of the eight initial sites conducted a local needs assessment to collect information on major health issues, identify service gaps and mobilize key players to develop a plan for program implementation. COSSMHO provided the sites with the *Hispanic Health Needs Assessment (HHNA)* instrument that they had adapted from the Planned Approach to Community Health (PATCH) instrument developed by the Centers for Disease Control and Prevention. The CBOs also surveyed community leaders and residents to obtain their opinions about major health problems and solutions in their communities. Findings were analyzed centrally by the COSSMHO evaluator, James T. Herrell, PhD, and distributed to the sites, along with a lengthy set of recommendations tailored to each site, to guide program planning. In 1994, COSSMHO issued a book based on the data gathered with HHNA, *Profiles of Health: Documenting Health Status and Establishing Priorities.* It also issued a set of reports and a cross-site analysis of the needs assessments.

Among the overall findings of HHNA were:

- The most important causes of death in these communities based on four sources of data (actual cause, higher than the goal set in *Healthy People 2000* [US Department of Health and Human Services, 1991; it set goals for the health of the population in 2000], and ratings by both community leaders and residents) were heart disease, cancer, cerebrovascular disease, and homicide.
- The four top health problems in the opinion of community leaders and residents were heart disease, AIDS, diabetes, and cancer.
- Residents and leaders cited financial barriers as the major barriers to health care, including high cost of care or lack of adequate insurance.
- Community leaders were more likely than residents to cite systemic barriers to health care, such as lack of community outreach, education, or culturally competent providers.
- Residents were more likely than community leaders to cite practical barriers to health care, such as inconvenient hours or lack of transportation.

The premise of the program was that Hispanic communities know their own problems and are most able to develop initiatives to address them successfully. Therefore, all program planning and implementation were conducted by the local health coalitions and community-based service agencies working under contract to the NPO. As the site descriptions show, the sites focused mainly on programs for youth and families that addressed high-priority community health problems, problems where the agency had a particular expertise (for example, a social services agency for the elderly developed intergenerational educational activities), or problems that they perceived other agencies were not adequately addressing.

Unforeseen Events

Significant changes occurred in the delivery of health care services during the five-year life of the program, among them:

- The debate on national health reform and the subsequent devolution of health policy from the federal level to the states.
- The rapid growth of Medicaid managed care in some states as a result of the devolution of health policy from the federal government to the states, especially after the failure of national health care reform in 1994.
- The debate about and the implementation of welfare reform.
- The growth of managed care nationally.

Taking the opportunity to provide leadership, many CBOs disseminated information and advice about these changes to community members. As welfare reform was implemented, the CBOs were key sources of community information — particularly for immigrant families — and major providers of referrals to legal and social services. In addition, by having established relationships in the early years of the program with major health providers, many CBOs were in a position to make policy recommendations to local agencies on health and health care access issues of concern to Hispanics.

EVALUATION

Under a subcontract from COSSMHO, the evaluator conducted a process evaluation of the individual *Proyecto* HEAL sites, not the program as a whole. The evaluation was conducted in two discrete phases.

1. During grant year one, September 1992 to August 1993, Herrell analyzed the community health data gathered by the sites, using the HHNA and PATCH instruments adapted by COSSMHO. The results were distributed to the sites in *Profiles of Health,* and the sites based the plans for their projects on their particular profiles.

2. At grantee meetings during grant year four (1996), Herrell, with help from the National Advisory Committee and the NPO, designed an evaluation plan to examine both cross-site and site-specific activities. Because this phase of the evaluation was initiated toward the end of the project, a retrospective approach was taken. The evaluation was designed to let each CBO "tell its own story," including what it did as a result of the program, problems encountered and solutions developed, and benefits to the community from the program. The evaluation used a number of data sources: the *Proyecto* HEAL files maintained by the sites, questionnaires completed by CBO personnel, and interviews with *Proyecto* HEAL staff at the CBOs.

Findings

Limited documentation at the sites prevents confirmation of numbers of people the program reached, but the evaluation report indicated that at least 2,800 youth and parents enrolled in various HEAL programs. (Numbers by site, where documented in the evaluation report, are included under each site description.) Many other program-generated community outreach and health promotion activities such as health fairs are likely to have reached larger numbers of youth and their families. The evaluation also indicated that the community-based organizations at each site became connected with many health-related agencies in their communities and leveraged significant additional resources, including funding, for their programs. This enabled these organizations, already trusted and respected by the community on issues other than health, to act more effectively on their communities' behalf on health issues such as access, and promoted their community health leadership capacity.

Among the evaluator's specific findings were:

- Eight sites participated in the community health assessment, Hispanic Health Needs Assessment (HHNA); seven were established as participants in *Proyecto* HEAL activities, instituting educational and training programs to address the needs specific to each community.
- All sites adapted and used one or more components of the *FACT* training kit in the implementation of *Proyecto* HEAL. *FACT* was the major contribution of this project beyond the activities generated by the sites. This product got positive reviews from many in the field.
- Participation in *Proyecto* HEAL enabled CBOs to provide *Strengthening Families* training to families and to provide cultural competence training to health care providers through *Delivering Preventive Health Care to Hispanics*.
- Participation in most coalitions and partnerships undertaken by the CBOs during the time of the program were initiated as a result of being involved in *Proyecto* HEAL.

- *Proyecto* HEAL enabled and legitimized CBO involvement with youth and their families around issues of health.
- Feedback obtained from youth and families who participated in *Proyecto* HEAL activities was consistently positive; they felt satisfaction with their involvement.
- Through *Proyecto* HEAL, COSSMHO and its partners implemented many services such as identifying specific community health needs; training health care professionals to serve Hispanics better; and helping youth and their parents understand both the importance of health promotion and prevention, and how to gain access to community health services.
- One of the key accomplishments of *Proyecto* HEAL were the partnerships developed by participating community-based organizations (CBOs), which resulted in the donation of services and property in addition to time and money. For example:
  - The Latin American Research and Service Agency in Denver, CO, worked with a local hospital to develop a low-cost health insurance plan.
  - The Puerto Rican Family Institute in Brooklyn, NY, negotiated with a local health center to accept uninsured or underinsured families not previously served by the center.
  - Little Havana Activities & Nutrition Center in Miami, FL, established a health center in a space donated by the City of Miami.
  - Youth Development in Albuquerque, NM, received a city-owned building to develop as a youth center.

RWJF staff also stated that the needs assessment conducted preliminary to the evaluation addressed the need for gathering community-based health status data, which is particularly important because health data on Hispanics are inadequate. The way the Hispanic community is captured in censuses has been inconsistent, which makes comparisons over time difficult. In addition, many information categories are not broken out for Hispanics. Not until 1991 was a Hispanic identifier included on death certificates. The *Profiles of Health* study in each site identified site-specific health problems and priorities based on data and interviews, to enable sites to plan activities in keeping with community health needs and priorities.

Evaluation Limitations

The evaluation was not designed to assess the impact of *Proyecto* HEAL on individuals who participated in project activities or on the communities. For example, no answers are available to the following questions:

- What did student participants carry back to their families and peer groups?
- Did the effects persist a year after participation?
- Did the youth emerge as leaders?

- Did adult participants retain knowledge gained or use skills learned?
- Did health-fair participants use information learned or gain access to health services?

The evaluator stated: "An evaluation process implemented at the project outset and more technical assistance for the CBOs in the design and implementation of project evaluation would have been valuable. Greater initial standardization of evaluation instruments and approaches would have aided the CBOs in 'real-time' assessments of the benefits and impacts of their activities, leading to an improved capability to fine-tune services." Because only limited data were available from the sites, the individual site descriptions in this report rely on the information gathered by the evaluator.

COMMUNICATIONS

The core set of curricula and program materials, the *Families, Adolescents, Children, and Training Resources (FACT) Kit*, have been distributed to over 500 CBO's in Hispanic communities around the country, and to foundations, federal agency directors, nonprofit groups, and private corporations. Training sessions on the program materials have been offered by *Proyecto* HEAL sites and at the 11th Biennial National Conference on Hispanic Health and Human Services.

The NPO also disseminated the *Hispanic Health Needs Assessment* instrument and *Profiles of Health* (the results of the needs assessment in the eight communities) to community-based organizations and policymakers across the country. Media advisory and press packets on the changes due to new welfare reform laws were sent to local general circulation newspapers, Spanish language media (newspapers, radio, and television), and COSSMHO's 1,100 members on February 3, 1997.

President and CEO of COSSMHO, Jane L. Delgado, PhD, gave several talks about the program including presentations to the 45th Annual Group Health Institute, the American Association of Health Plans, and the Latino Coalition for a Healthy California. See the Program Bibliography for details.

PROGRAM SITES

Latin American Research and Service Agency (LARASA)
309 W. First Avenue
Denver, CO 80223
$231,000 (63 months 09/01/92 to 11/30/97)
Maria Guajardo Luchero, Executive Director
(303) 722-5150

Summary

The Latin American Research and Service Agency (LARASA) was created in 1964 to improve the health, education, and self-sufficiency of Colorado's Latino community, which is disproportionately undereducated, unemployed, and low-income. Critical health problems among Colorado's Latinos include homicide, suicide, teen pregnancy, and AIDS. Before participating in *Proyecto* HEAL, LARASA was not extensively involved in health information, policy, or evaluation. Through *Proyecto* HEAL, LARASA participated in 65 partnerships or interagency coalitions for health education, planning, or service provision. LARASA began the *Proyecto* HEAL project by forming youth groups that eventually totaled 60 youths, providing them with health education. In the second year of the program, difficulties in coordinating with local schools caused LARASA to shift its emphasis from health education for youth to training for families and health professionals, drawing on the curricula and program materials, *Families, Adolescents, Children, and Training Resources (FACT) Kit,* and especially the *Strengthening Families* parent-education curriculum. By August 1997, the agency had trained 23 master trainers and 262 family trainers. These trainers provided 75 *Strengthening Families* sessions to nearly 600 parents of more than 2,000 children. Among other activities, LARASA also provided cultural competency training to some 300 health professionals in collaboration with local health care providers. LARASA used *Proyecto* HEAL to leverage funds, obtaining $434,000 to support *Proyecto* HEAL programs. LARASA also worked with a local hospital to develop a low-cost health insurance plan.

Background

In 1993, Hispanics, the largest and fastest growing ethnic group in Colorado, comprised over 13% of the state's population, and 23% of Denver's population. The number of jobless Hispanics was double that of whites; nearly a third of all Hispanic individuals lived in poverty; nearly half of them were under 18. More than a quarter (28%) of Hispanic families were classified as poor, with over half of those families headed by a woman. The death rate for heart disease among Hispanics was 9% greater than among whites, and for diabetes it was more than 300% greater than for whites. Critical health problems that are disproportionately high among Colorado's

Hispanics include homicide, suicide, teen pregnancy, and AIDS. LARASA was created in 1964 to improve the health, education, and self-sufficiency of Colorado's Latino community, which is disproportionately undereducated, unemployed, and low-income.

The Project

Based on its *Profiles of Health* report, LARASA identified a number of activities it believed would address high-priority health issues in the community. LARASA's original strategy was to form youth groups, which totaled 60 youths by year two, and to provide them with health education using *Proyecto* HEAL's *About Adolescence* as a curriculum. In the second year, LARASA encountered difficulties in coordinating with local schools. Therefore, for the remainder of the five-year program, LARASA shifted its emphasis from health education groups for youth to training for families and health professionals. During this period, activities included:

- Implementing the *Strengthening Families* training program to improve parenting skills and reduce family violence. LARASA used the *Strengthening Families* curriculum to train 23 "master trainers," i.e., persons able to train others, and 262 family trainers to implement *Strengthening Families* programs. LARASA estimated they reached 600 parents of more than 2,000 children in the community.
- Providing cultural competency training to more than 300 health care professionals, in concert with the Denver Health and Hospitals Committee and the Colorado Department of Public Health. LARASA provided two two-day training sessions for health care providers, using *Delivering Health Care to Hispanics: A Manual for Providers.* This program continued under additional funding from *Proyecto Informar*, a COSSMHO program separate from *Proyecto* HEAL.
- Implementing Project CORE, a cancer-screening program, in collaboration with the National Organization of Breast Cancer Organizations, which gave a $5,000 grant for the activity.
- Conducting five community health forums attended by some 120 community members, on the *Profiles of Health* report and on topics such as: "How Will Managed Care Affect the Latino Community?" and "Delivering Health Care to Documented and Undocumented People."
- Sponsoring three statewide Hispanic health summits for over 500 health care professionals.
- Running a series of focus groups with adult and adolescent Latinas, emphasizing women because Latinas are traditionally the caretakers of the family. Based on the focus groups, LARASA then organized a group of health professionals and community members to develop a "Top Ten" list of questions for Hispanic women to ask their health care providers and disseminated the list to Denver-area clinics.

Through *Proyecto* HEAL, LARASA participated in 65 partnerships for health education, planning, or service provision with local social service agencies, educational institutions, and health providers. LARASA used *Proyecto* HEAL to leverage funds, obtaining $434,000 to support *Proyecto* HEAL programs. It also worked with a local hospital to develop a low-cost health insurance plan.

Communications

LARASA distributed 200 copies of the *Profiles in Health* report to community members. LARASA's *Strengthening Families* project received coverage in TV interviews and local newspaper articles. It also distributed 65 issues of *Hispanic Health Link*, its periodic newsletter reporting on Latino health issues, statewide, by fax, to more than 300 health care professionals. In addition, LARASA made a general distribution of several information pieces about program activities, conducted TV interviews, developed and produced public service announcements (PSAs), and received local newspaper coverage.

Next Steps

LARASA is continuing its involvement with health issues through ongoing use of the *Strengthening Families* curriculum and cultural competency training for health care professionals. It is maintaining a statewide coalition for Hispanic health leadership and advocacy established under HEAL. It is continuing outreach under the State Children's Health Insurance Program (SCHIP), following initiation under HEAL of a low-cost insurance program with a local hospital, which has now converted to the SCHIP program. LARASA has also contracted for its own program evaluation.

Little Havana Activities & Nutrition Center of Dade County (LHANC)
700 SW 8th Street
Miami, FL 33130-3300
$186,000 (63 months 09/01/92 to 11/30/97)
Josefina Carbonell, President
(305) 858-0887

Summary

Little Havana Activities & Nutrition Center of Dade County, Inc. (LHANC) was organized in 1973 to serve the health, nutritional, and social needs of non-English-speaking Hispanic elders and their families. It now has 18 senior centers in Dade County, FL, that provide a variety of services including risk assessments and social services, immigration and legal assistance,

language, acculturation and citizenship classes, and adult day care and respite services. Because LHANC's primary focus is on the elderly, the agency used *Proyecto* HEAL to implement an intergenerational health-education model consistent with that focus. This model teamed older adults with preadolescents for activities designed to promote a general awareness of health issues identified by the community health assessment as being of high priority, and to bring youth and seniors closer together. The health issues addressed included the overall health status of the community, accidents, cancer, cerebrovascular disease, heart disease, immunization, HIV/AIDS, tobacco, and sex education and family planning. In two cooperating schools, four intergenerational teams were developed, each with 25 youths and 25 seniors. The children who took part in the program were approximately 9 to 12 years old (although this requirement was flexible) and were required to be bilingual. The seniors were age 60 or older, bilingual, and were friends or relatives of the youths or were participants in other LHANC programs. The teams introduced a health curriculum in the two participating schools, which the schools are continuing to use. The teams also developed and produced Public Service Announcements (PSAs) on fire safety, tobacco, and sexually transmitted diseases (STDs) that were shown on local television twice or more daily for three months. The teams also made presentations at major health conferences and had their work recognized during a visit from First Lady Hillary Rodham Clinton in 1994. In addition, LHANC established a health center in a space donated by the City of Miami.

Background

Little Havana Activities & Nutrition Center of Dade County, Inc. (LHANC) was organized in 1973 to serve the health, nutritional, and social needs of non-English-speaking Hispanic elders and their families. It now has 18 senior centers in Dade County, Florida, that provide a variety of services including risk assessments and social services, immigration and legal assistance, language, acculturation and citizenship classes, and adult day care and respite services. In 1993, LHANC served approximately 34,000 mostly Hispanic, elderly clients within Dade County. In the target area for *Proyecto* HEAL, 49% of residents were Hispanic. Among those over 25, 45% had not graduated from high school. Over half (51%) of the Hispanic households had an annual household income below $25,000. Within the Hispanic community, death from heart disease, chronic liver/cirrhosis problems, cerebrovascular disease, homicide, and cancer exceeded the goals for the health of the population set by the US Department of Health and Human Services in *Healthy People 2000* (1991) by at least 25%. Health care needs in the target area included a lack of bilingual doctors, and a lack of information and educational material on health issues.

The Project

Because LHANC's primary focus is on the elderly, the agency used *Proyecto* HEAL to implement an intergenerational health education model. The model sought to provide program participants with an overview of Hispanic health concerns; to examine how cultural values and beliefs affect participation in the health care system; and to teach program participants to become health advocates and to make use of skills they have acquired in their lives to help their communities obtain access to health care.

Older adults joined with preadolescents and other youths from two local middle schools to form four intergenerational teams of 25 youths and 25 seniors for a total of 200 participants. Although *Proyecto* HEAL's design called for an age range of 9 through 12 for participating youth, the LHANC program had a flexible age range, depending on conditions at the cooperating schools. Seniors were 60 or older, bilingual, and were friends or relatives of the youths, or were participants in other LHANC programs. The teams introduced into the two participating schools a health curriculum that incorporated *Strengthening Families*, with a focus on health and social risks of adolescent sexual activity and pregnancy. At the time of the evaluation, the schools were continuing to use the curriculum.

The teams also participated in a variety of other activities including:

- Activities on health risks and healthy lifestyles, such as monitoring diet and exercise through daily journals.
- Learning about the impact health advocacy and surveys can have on community health issues.
- Developing and producing PSAs on fire safety, tobacco, and sexually transmitted diseases (STDs).
- Conducting public presentations at schools and statewide health conferences, including a Hispanic women's health symposium.

First Lady Hillary Rodham Clinton recognized LHANC and the program's work with a visit in 1994, during which the teams gave a presentation about their work.

LHANC encountered three challenges in implementing the program:

- Maintaining the participation of the senior members, in part because of health and transportation reasons.
- Finding senior participants who were fluent in English, a requirement for membership, and conversely, finding youths who were fluent in Spanish.

- Initial reluctance of the public schools to commit resources to programs limited to a single ethnic group.

LHANC developed a community advisory board to promote *Proyecto* HEAL and other LHANC activities. It also developed partnerships or participated in interagency coalitions with several local and state agencies in the areas of health education, planning, or service provision. It also conducted cultural competency training for local health care providers, although this was not done within the purview of *Proyecto* HEAL. In addition, LHANC ran public forums and focus groups on changes happening during the course of the project in health care and welfare systems. LHANC also established a health center in a space donated by the City of Miami.

Communications

LHANC published a periodic newsletter, distributed a press release about COSSHMO's publication, *Profiles of Health: Documenting Health Status and Establishing Priorities,* and provided free copies to the media and to local physicians. It recorded videos of meetings with managed care organizations and developed and produced public service announcements (PSAs) on fire safety, tobacco, and STDs, which were shown on local television twice a day or more for three months. LHANC also made presentations on health issues at major health conferences and organized an Older Americans Health Fair.

Next Steps

The local school system and two senior centers have continued to support the intergenerational aspect of the *Strengthening Families* curriculum. The two participating schools also continue to use the health curriculum. LHANC has also continued *Strengthening Families* training and cultural competency training for providers, using the manual for providers, as part of agency services. LHANC is also continuing to develop the health clinic established under HEAL with space donated by the City of Miami.

Multicultural Area Health Education Center (MAHEC)
5051 East Third St.
East Los Angeles, CA 90022
$186,000 (63 months from 09/01/92 to 11/30/97)
Luis Mata, Executive Director
(213) 780-7640

Summary

The Multicultural Area Health Education Center (MAHEC) was established in 1985 through a US Department of Health and Human Services (DHHS) grant to promote and improve family-oriented primary health care and prevention services in an East Los Angeles community. The *Profiles of Health* report prepared for MAHEC included the following priorities: reducing the incidence of liver disease and cirrhosis, homicide, pneumonia and influenza (in elders), and motor-vehicle accidents; addressing low immunization rates for children, and drug and alcohol abuse; providing more and better health education; and emphasizing preventive medicine. For MAHEC, *Proyecto* HEAL served as an umbrella under which it addressed a variety of community health issues and targeted health priorities not already being addressed by other programs in the community, rather than as a specific set of programs. A major MAHEC activity under *Proyecto* HEAL was its partnership with local schools to increase awareness of health care issues among community youth and their families. MAHEC enrolled a cohort of 25 student participants each year for four years; 83 students completed the program. MAHEC also offered the *Strengthening Families* curriculum for the parents. Among other initiatives MAHEC implemented were: a program to help women achieve better control over their personal health; a CPR/First Aid training program to *Proyecto* HEAL participants, families, and other community residents; a program providing HIV/AIDS information to community residents; and the training of health service providers and CBOs about three issues: (1) improving the low rate of immunizations among Latino preschoolers; (2) perinatal health education for parents; and (3) linguistic and cultural barriers to health services provision. MAHEC, through *Proyecto* HEAL, formed ten partnerships with other community agencies on issues such as tobacco education and child injury prevention and participated in five countywide service coalitions.

Background

In 1993, the target area of Greater East Los Angeles was 95% Latino, more than half of whom were living at or below the poverty level compared to statewide levels of 7% for non-Hispanic whites and 21% for blacks. About half of the Latinos had no education beyond sixth grade, and their unemployment rate was 20%. Their annual family incomes averaged less than $19,000. The median age for Latinos was 25 years, compared to 35 for non-Hispanic whites, and 28 for

blacks. Latinos had an average household of four persons compared to 2.4 for the general population. The low socioeconomic status of Latinos in the target area had contributed to problems related to gaining access to health care. The Multicultural Area Health Education Center (MAHEC) was established in 1985 through a US Department of Health and Human Services (DHHS) grant to promote and improve family-oriented primary health care and prevention services in an East Los Angeles community.

The Project

For MAHEC, *Proyecto* HEAL served as an umbrella under which it addressed a variety of community health issues, rather than as a specific set of programs. A major *Proyecto* HEAL activity was MAHEC's partnership with local schools to increase awareness of health care issues among community youths and their families. MAHEC enrolled a cohort of 25 student participants each year for four years in *Proyecto* HEAL activities designed to improve their awareness of health, health risks, and healthy lifestyles, and to increase their understanding of adolescent development and family interaction. Of these 100 students, a total of 83 finished the program. The students also participated in a number of leadership activities, including making presentations to peers on health topics, participating in health fairs, conducting a survey of Hispanic youth attitudes about tobacco use and advertising, running health education sessions for the community on environmental issues such as radon and pesticides, publishing a *Proyecto* HEAL newsletter, making field trips to providers (hospitals and HMOs), and making presentations on issues such as nutrition, hygiene, cultural pride, and educational aspiration.

MAHEC implemented a variety of other initiatives focusing on areas not being addressed by other community programs. Priority program areas and specific programs which MAHEC either implemented or participated in were:

Provider Cross-Cultural Education and Training

- Translation and adaptation services. These services promoted and facilitated culturally sensitive and linguistically appropriate patient education through the development, translation, and adaptation of health care materials.
- *Vacunas desde la Cuna.* The Immunization Technical Assistance Network provided culturally sensitive training and technical assistance to community-based agencies and health care providers in an effort to increase the community's capacity to improve the low rate of immunization among Latino preschoolers. Kaiser Permanente provided some support to this activity.
- *Comenzando Bien.* This project trained bilingual and bicultural facilitators from community-based organizations to teach perinatal health education classes in their communities.

- *Proyecto Informar* Training and Technical Assistance. This project was designed to improve the cultural and linguistic competence of health care providers and institutions serving Latino communities (through COSSMHO, although not directly through *Proyecto* HEAL).

Policy/Planning /Coordination

- Youth Policy and Program Development Program. This program was designed to determine the health status and health service priorities of area Latino adolescents. MAHEC participated in the collection of data on the health and well-being of Latino adolescents in the state and in Los Angeles County. Data were used to help develop policy, to promote public and community awareness, and to develop and implement programs.
- Child Injury Prevention Committee. A program to reduce motor vehicle accidents and other serious injury to children ages 11 to 14 was developed by MAHEC, the American Red Cross, California Highway Patrol, Los Angeles Fire Department, and Kaiser Permanente.
- TOUCH East LA. MAHEC served as a catalyst in Los Angeles for the collaboration of community agencies in community health planning — i.e., resource development, health care delivery, and other related services to promote the health and social welfare of its residents.

Services

- *Strengthening Families*. MAHEC implemented this curriculum designed to strengthen the role of parents and other family members in guiding their children. The curriculum emphasized helping families prevent or reduce the serious health and social risks associated with adolescent sexual activity and pregnancy.
- Perinatal Health. This program was designed to maintain and promote the health and well-being of pregnant women and to promote fetal development through educational and counseling activities. These services emphasized knowledge about pregnancy, birth, and parenting, and strongly encouraged the expectant mother and her family to engage in healthy lifestyles.
- Women's Health. This program was designed to enhance women's capacity to assert more control over their personal health care and preventive care by teaching the necessary skills and providing information and resources to women about important health issues, including mammography and other screening for women.
- HIV/AIDS Information Technology Systems for the Spanish-Speaking Community of Los Angeles County. Provided in partnership with the Oscar Romero Clinica, this service was designed to inform the Latino community and their health care providers about HIV prevention and treatment. (MAHEC further addressed HIV/AIDS through educational programs, by certifying two staff members to provide pre- and post-counseling on HIV/AIDS and through community forums.)

Community Education

- Cardiopulmonary Resuscitation (CPR)/First Aid Training. This program was implemented, based on a needs assessment of *Proyecto* HEAL parents, *Proyecto* HEAL families participated in two eight-hour training sessions, and received certificates of completion if they passed a test. MAHEC considered this training to be *Proyecto* HEAL's most important achievement.
- Health education on environmental issues. MAHEC provided health education sessions for the community on environmental issues such as radon and pesticides, and trained *Proyecto* HEAL students, families, and others in the community to test homes for the presence of radon and lead.
- Seatbelt and helmet safety. With the assistance of the California Highway Patrol, seatbelt and helmet safety classes were conducted for the youths (ages 9 to 12) involved in *Proyecto HEAL* and their families.
- *Proyecto Para Dejar de Fumra.* This program conducted focus groups with teens about smoking and cigarette sales.

MAHEC overcame a number of problems in implementing *Proyecto* HEAL, particularly those concerned with forming initial relationships with local schools, getting families involved (and maintaining that involvement) in *Proyecto* HEAL activities, transportation for participants, and funding shortages. MAHEC dealt with many of these problems by persistently promoting the program to schools and families, by making arrangements for transportation and day care, and through the use of volunteer time and donated or low-cost materials.

Communications

MAHEC published the *Proyecto* HEAL newsletter, generated by its HEAL youth participants. MAHEC also participated in health fairs to increase community awareness of its programs.

Next Steps

MAHEC is continuing its involvement in health issues through working with adolescents using the COSSMHO *Strengthening Families* and *About Adolescence: Changes and Choices* curricula. It has secured funding to provide teen pregnancy programs and CPR training free of charge to community members.

Pilsen-Little Village Community Mental Health Center (PLV)
2319 South Damen
Chicago, IL 60608
$231,000 (63 months from 09/01/92 to 11/30/97)
Albert Vasquez, Executive Director
(773) 579-0832

Summary

Pilsen-Little Village Community Mental Health Center (PLV), located on Chicago's Near South/West Side, was founded in 1975 and serves a community of approximately 127,000 that is 86% Hispanic, primarily Mexican American. PLV provides mental health services, including case management, transitional housing, and outpatient care. PLV defined *Proyecto* HEAL as "a program dedicated to meeting the needs of the growing Latino adolescent population." Making use of *Proyecto* HEAL's organizing concepts of empowerment, access, and leadership, PLV recruited youth from area schools and their families for its Youth Leadership Program, which was held during three academic years. An estimated 75 families participated in the leadership program. PLV also conducted Youth Health Summits in each of two years. The summits, including pre-summit workshops, engaged an estimated 500 youths annually. To act upon recommendations in the *Profiles in Health* report, PLV participated in 25 partnerships and coalitions. Under the *Proyecto* HEAL umbrella, PLV conducted 17 programs for its community, including: a fitness awareness program providing youth with an introduction to physical and mental health; a performance workshop on AIDS where youth learned dance, theater, video, and production skills, and gave numerous local performances; CPR training where youth received CPR certification through a program presented by the American Heart Association and the Chicago Fire Department; and a variety of health education field trips through which youth received exposure to programs designed to address alcohol and drugs, drunk driving, and HIV/AIDS. PLV, through *Proyecto* HEAL, also engaged in activities that addressed other community health issues: dental health; environmental health; health risk reduction; nutrition; using the existing health system; and violence.

Background

In 1993, the populations of Lower West (Pilsen) and South Lawndale (Little Village) on Chicago's Near South/West Side were respectively 88% and 85% Latino. Little Village constituted one of the largest Mexican communities in the United States. In these two communities, Spanish was the primary language in 81% of households, and 63% of the community residents reported having difficulty obtaining needed health services. Substance abuse affected 13.3% of the Latino population as opposed to 9.9% of the black population and

10.1% of the white population in these communities. In 1990, the Pilsen and Little Village communities had the highest public school dropout rate in Chicago.

The Pilsen-Little Village Community Mental Health Center (PLV), located on Chicago's Near South/West Side, was founded in 1975 and serves a community of approximately 127,000 that is 86% Hispanic, primarily Mexican American. PLV provides mental health services, including case management, transitional housing, and outpatient care.

The Project

The *Profiles of Health* report prepared for PLV identified high-priority health areas that included substance abuse education and prevention; AIDS information; improving financial access to care; improved health education information; dental health; environmental health; and violence. *Proyecto* HEAL activities addressed these issues through two PLV umbrella programs: the Youth Leadership Program and the Youth Health Summits Program. Health education programs are not typical components of community mental health programs. The *Proyecto* HEAL evaluator noted that *Proyecto* HEAL enabled PLV to establish such programs.

The Youth Leadership Program. The goals of the Youth Leadership program were to train youth peer-educators; to access local systems by recognizing and counteracting barriers to care; to establish youth health care coalitions and/or assist existing coalitions; and to develop effective communication of health messages to family members. Cultural identity was an important focus of the program. It was designed for a cohort of 25 students ages 9 to 12, who were aided by a group of 13 to 15-year-olds recruited as mentors for the younger children. It operated as a five-day, after-school and summer program, with special events on evenings and weekends. Youths, their mentors, and their parents participated in activities designed to promote health awareness, positive lifestyles, communication, role modeling, and leadership development. Activities often involved the creative arts — painting, dance, and theater. Parents received newsletters, attended meetings addressing such topics as family violence and seatbelt safety, participated in parenting classes derived from *Strengthening Families,* and provided volunteer services to the program.

Despite PLV's contribution of a van, recruitment for and reliable participation in Youth Leadership Program initiatives were reportedly problematic. Transportation problems led to irregular attendance in after-school programs and not all participating families had telephones, which made communication difficult. Nevertheless, an estimated 75 youths and their families attended the Youth Leadership Program over the course of three academic years.

The Youth Health Summits Program. This program was intended to provide Hispanic youth with the opportunity to develop leadership skills first by engaging them in a dialogue focused on Hispanic health, through which they would share their experiences and knowledge concerning specific health problems, and then by developing a youth leadership agenda focusing on community health issues. Two Youth Health Summits were held in April 1996 and April 1997, respectively. Each was preceded by a series of school-based workshops that focused on health issues. Although adult-oriented health fairs had been held within the community, nothing similar to the Summits existed prior to *Proyecto* HEAL. Each year, an estimated 500 students from three schools and in the Youth Leadership Program participated in the pre-summit workshops. The summits themselves were attended by an estimated 100 youths and adults each year, who were drawn from the pre-summit workshop participants. Summit activities included ice-breaker games and skill-building activities, youth presentations on health and leadership topics, and discussions on development and execution of a youth leadership agenda. A panel of health professionals facilitated each summit. Summit topics included: "How the Mind, the Environment, and Society Affect Health," "Health Empowerment," "Media Awareness," "Health Care Access," "Nutrition and Fitness," and "Youth and Leadership."

Through *Proyecto* HEAL, PLV participated in 25 partnerships or coalitions with other agencies that included Neighbors Against Gang Violence, the American Heart Association, Mothers Against Drunk Driving, Illinois Caucus for Adolescent Health, Pilsen Neighbors Community Council, Illinois Arts Council, and the Chicago Fire Department. Activities undertaken by the partnerships included the CPR Learn-A-Thon with the American Heart Association; CPR training conducted by the Chicago Fire Department; and reduced-cost tickets to cultural activities donated by the Illinois Arts Council.

Communications

Documents written by participants in the Youth Leadership Program, including public service announcements (PSAs) and personal journals, were published in local newspapers.

Next Steps

Youth-based programs initiated under HEAL are continuing, including an after-school drop-in center for Hispanic youth and an annual Youth Health Summit. PLV is also continuing a program of youth-focused and youth-led health fairs in collaboration with the Chicago Board of Education.

Puerto Rican Family Institute (PRFI)
145 West 15th Street
New York, NY 10011
$186,000 (63 months from 09/01/92 to 11/30/97)
Maria Elena Girone, Executive Director
(212) 924-6330

Summary

The Puerto Rican Family Institute (PRFI) implemented *Proyecto* HEAL through its Bushwick Child Placement Prevention Program. PRFI's primary mission is to prevent family disintegration among Puerto Rican families. PRFI opened the Bushwick branch in 1982 in the Bushwick area of Brooklyn, NY. In 1990, this area had a population of 100,000, about two-thirds of whom were Hispanic, mostly Puerto Rican. The Bushwick branch operates a host program that serves more than 300 children in Brooklyn. PRFI's *Proyecto* HEAL mission was "to provide all children of Bushwick with complete physical, screening, and health care interventions." Initially, PRFI enrolled 15 youths in a program addressing "health related issues within a culturally friendly format," and seven parents in a program designed to empower parents as health care consumers. Subsequently, families in the community emphasized to PRFI that while educational services were valuable, there was a greater need for basic health care services for children. As a result, PRFI channeled *Proyecto* HEAL funds into direct preventive pediatric health care during program years two and three (1994-1995), making it unique among project sites. During its two years of operation, this pediatric health care program served over 200 children, ages 0 to 15. PRFI collaborated with a local health center, the Wycoff Heights Medical Center, which provided laboratory work and appropriate continuing health services for children referred by PRFI; the agency also secured the collaboration of the New York City Department of Health, which donated vaccinations. In years four and five, after the National Program Office disallowed direct service provision, PRFI began *Proyecto Juventud*, a program designed to educate teens to become better health care consumers by connecting youth with elected officials, in which a total of 97 teens participated. Through *Proyecto* HEAL, PRFI also developed numerous other partnerships or coalitions with other agencies. For example, along with eight other community-based organizations, PRFI sponsored the first health fair ever conducted within the Bushwick community. This became the first in a series of health fairs; the June 1997 fair sign-in sheet listed 73 community members, and 69 representatives from 19 community organizations. PRI also negotiated with a local health center to accept uninsured or underinsured families not previously served by the center.

Background

The target area, the Bushwick district of Brooklyn, was one of the poorest sections in New York City in 1993. Two-thirds of the population were Hispanics, who tended to be younger than other Bushwick residents; they were also from larger families, and more likely to have incomes below the poverty level. Hispanic residents were making frequent use of emergency room services for non-emergency conditions, suggesting a lack of access to, or ineffective primary-care services. The community also showed a high rate of inpatient admissions for substance abuse and HIV, and a large number of pregnant women, many of whom were diagnosed as crack/cocaine addicts, were not receiving prenatal care.

The Bushwick Child Placement Prevention Program, a branch of the Puerto Rican Family Institute (PRFI), implemented the project. PRFI opened its branch in the Bushwick area of Brooklyn in 1982. PRFI itself was founded in 1963, with its office in Manhattan. PRFI's primary mission is to prevent family disintegration among Puerto Rican families. The agency offers culturally and linguistically appropriate services for its primarily Hispanic clientele, and through the Bushwick branch host program (which offers such services as case management, preventive health, mental health, HIV counseling, and home-based crisis intervention) provides services to more than 300 children in Bushwick.

The Project

The *Profiles in Health* report prepared for PRFI included recommendations for addressing such issues as availability of health services, heart disease, HIV/AIDS, immunization of children, overall health status of the community, sexuality/family planning education, and tobacco use. The agency's initial *Proyecto* HEAL activity enrolled 15 youths in a program addressing such topics as visiting doctors, self-esteem, date rape, HIV/AIDS, suicide, pregnancy, substance abuse, and other teen-related health issues. It also enrolled seven parents in a program designed to empower parents as health care consumers. In the second year, there was a significant retention problem even among these few enrollees, which PRFI reported was due to daily demands on both youth and parents. In addition, families told PRFI that while educational services were valuable, there was a greater need for basic health care services for children.

PRFI responded by redirecting *Proyecto* HEAL funds to provide direct health care services to children through an affiliation with Wycoff Heights Medical Center. During its two years of operation, from 1994 to 1996, this pediatric health care program served over 200 children, ages 0 to 15. Wycoff Heights Medical Center provided laboratory work and appropriate continuing health services for children referred by PRFI. The New York City Department of Health donated

vaccinations. PRFI connected close to 100% of families requiring continuing health services with a source of care; fewer than 10% of the families who were enrolled in the *Proyecto* HEAL pediatric health care program continued to use emergency rooms for primary care. In 1996, year four of the program, the NPO required PRFI to discontinue these services as a *Proyecto* HEAL activity, since direct service provision was outside the scope of *Proyecto* HEAL. Nevertheless, PRFI considers its most significant program under *Proyecto* HEAL to have been its preventive/primary health care program for children, including its affiliation with Wycoff Heights Medical Center.

In 1997, PRFI began a new initiative — *Proyecto Juventud* — with an initial enrollment of 20 youth in a program designed to educate teens to become better health care consumers by connecting them with elected officials. *Proyecto Juventud* also gave participating youths opportunities to participate in a field trip to Washington, DC, to learn about advocacy; in various cultural activities; in a teen Olympics; and in workshops on health-related topics. As of September 1997, 97 youths had participated in *Proyecto Juventud.*

PRFI also sponsored a variety of activities that addressed community health issues such as availability of health services, healthy lifestyles, sexuality/family planning, substance abuse, and using the health system. These *Proyecto* HEAL services included a series of community health fairs, family-focused health education workshops, a voter registration drive that registered 185 voters, and outreach/home visitation services for families with HIV-positive children. Cultural competency training for health care providers was not a part of PRFI's *Proyecto* HEAL activities although such training was reportedly available through the agency.

PRFI formed a number of partnerships as part of *Proyecto* HEAL. It worked with the Brooklyn Family Planning Council to provide health education to address infant mortality issues. At Woodhill Hospital, PRFI implemented *Proyecto* VIDA, a program providing medical screening, advocacy, outreach, and service linkages to infants with HIV/AIDS. This program received $25,000 additional funding from Merck Pharmaceutical Corporation. PRFI also partnered with Eastern District High School to implement the Youth Alliance Beacon Program, a teen program providing counseling and recreational activities. This program, which served 105 youths, received in-kind staff and materials support from Eastern District High School and a $25,000 one-year grant from the New York City Department of Youth Services. PRI also negotiated with a local health center to accept uninsured or underinsured families not previously served by the center. PRFI credited *Proyecto* HEAL with providing help to the agency in obtaining these grants.

Communications

There was no dissemination of information about the program.

Next Steps

Through the two grants described above, PRFI is continuing certain aspects of *Proyecto* HEAL such as the peer-led counseling program, an assessment of family needs, and reducing risk-taking behavior in teens. PRFI also has established a joint venture with the Wycoff Heights Medical Center to reinstate the pediatric clinic and has begun a referral program for no- or low-cost services at local health institutions.

Salud Para la Gente (SPLG)
204 East Beach Street
Watsonville, CA 94076
$231,000 (63 months from 09/01/92 to 11/30/97)
George de la Mara, Executive Director
(408) 763-3459

Summary

Salud Para la Gente (SPLG) is a nonprofit community-based organization providing comprehensive health care to farm workers and other low-income residents in and around Watsonville, California, an area that has a medically underserved population. SPLG originally defined *Proyecto* HEAL as "a multi-faceted effort that targets individuals and institutions for cultivation and development of long-term changes in the delivery of health care services in Latino populations." Based on recommendations from *Profiles of Health,* SPLG used this project to address overall community health status; to address those diseases/causes of death that had particularly high rates in the community, such as injury and violence; and to provide health education on such topics as AIDS and sexually transmitted diseases, and tobacco, alcohol and other drugs. Over the program's four years, SPLG's principal *Proyecto* HEAL initiative, *Niños Santos, Jovenes Listos* (NSJL) — Healthy Children, Intelligent Youth — recruited 178 children aged 9 to 12 from the local school district for an after-school program that provided health leadership and skills development. More than 200 parents participated in a companion program designed to enable parents and children to receive the same health education information and to encourage conversation between parents and children on health, sexuality, drugs, and social issues. Through this project, SPLG developed partnerships or participated in interagency

coalitions for health education, planning, or service provision with more than 20 local institutions and agencies.

Background

SPLG is located in Watsonville, a city of 31,000 according to the 1990 census. The target area for *Proyecto* HEAL was the Pajaro Valley, an agricultural region where Latinos, most of them Mexican Americans, comprised 51% of the population. The proportion of preadolescent children in the population of the Valley was one-fifth higher than in California as a whole. A regional office of the federal Bureau of Health Care Delivery and Assistance designated the Valley's population as medically underserved, and reported a high poverty rate, a lack of medical providers, as well as barriers to medical access by this population. In the medically underserved census tracts, over half the families fell below the poverty line. Salud Para la Gente (SPLG) is a nonprofit community-based organization providing comprehensive health care to farm workers and other low-income residents in and around Watsonville.

The Project

Proyecto HEAL was the umbrella for *Niños Santos, Jovenes Listos* (NSJL) — Healthy Children, Intelligent Youth — the agency's program for children ages 9 to 12. NSJL was designed to promote health care and to interrupt the development of unhealthy behaviors and substance abuse through youth leadership development, homework supervision, health education, physical and recreational activities, and communication skills development. From September 1993 through the end of funding in November 1997, in collaboration with a MetLife (Metropolitan Life Insurance Company) violence prevention initiative, NSJL operated after school during the school year and in summer months four days a week for 2.5 hours each day. A total of 178 youths at risk for social and academic problems participated in 11 groups over four years. NSJL also was associated with the local school district's Healthy Start program, a multi-agency effort among the Valley's community-based organizations to provide school-linked support services to children, youth, and families.

NSJL operated in conjunction with *Familias Saludables* (Healthy Families), a parent education program designed to enable parents and children to receive the same health education information and to encourage exchange between parents and children on health, sexuality, drugs, and social issues. *Proyecto* HEAL's *Strengthening Families* curriculum was incorporated into the *Familias Saludables* curriculum, which contained such elements as communication skills, family/cultural pride, self-esteem, personal health (including nutrition, consumer choices, and injury prevention), postponing sex/AIDS/sexually transmitted diseases (STDs), and

tobacco/alcohol/drugs. SPLG also provided in-home assessments, counseling, crisis intervention, and case management services for all children who were participating in the project. As part of the process, parents were asked to participate concurrently in the Healthy Families parent education program. A total of 178 children participated throughout the program implementation. Of a total of 330 parents who enrolled their children in the program, 206 were active participants in *Proyecto* HEAL family education and parenting programs.

SPLG encountered some problems in managing the behavior of youth participants and involving families in *Proyecto* HEAL activities. Targeted counseling for youth and families helped to reduce undesirable behavior, and, after the early project years, SPLG adjusted the meeting hours of the *Familias Saludas* program and attracted larger numbers. Lack of resources for transportation, however, was a significant problem that was never adequately resolved.

SPLG credits its participation in *Proyecto* HEAL with helping to attract additional one-year funding of $13,000 for *Familias Saludables* from the Greater Santa Cruz Community Foundation. The project also garnered contributions of goods and services from local businesses and organizations. For example, 20 bike helmets were donated for SPLG's bicycle safety program and lunches were donated for field trips; and high school volunteers were recruited for NSJL through the Migrant School Program. SPLG also became a member of the Santa Cruz County Children's Network Council — a governing body that provides leadership and accountability in the development of comprehensive services to children — as a result of *Proyecto* HEAL. SPLG also developed partnerships or participated in interagency coalitions with 20 other agencies and institutions. These agencies donated time, energy, space, and/or funding for the program. Collaborating agencies included the Metropolitan Life Insurance Company (funding); University of California at Santa Cruz (field trips and mentors for *Proyecto* HEAL youth); local police and fire departments (field trips); South County Women, Infants, and Children Program (funding and space); and the Healthy Start Collaborative (materials and space).

Communications

Presentations about *Proyecto* HEAL and other SPLG activities were made to several community groups.

Next Steps

SPLG has continued *Niños Santos, Jovenes Listos*. It is also continuing family home visits, counseling, crisis intervention, and case management for at-risk youth and their families.

Youth Development, Inc. (YDI)
Wool Warehouse Location
516 First Street, NW
Albuquerque, NM 87105
$201,000 (63 months from 09/01/92 to 11/30/97)
Chris Baca, Executive Director
(505) 843-8675

Summary

Youth Development, Inc. (YDI) is a community-based organization founded in 1971 under the sponsorship of the Bernalillo County Commission to help reduce juvenile delinquency. It provides social, educational, and psychological services for youth in Albuquerque and in Bernalillo County. Almost 40% of the county's residents are Hispanic, half of them Mexican American. YDI implemented *Proyecto* HEAL by conducting youth health education and leadership classes in collaboration with local schools; providing *Strengthening Families* training to parents; and conducting community health education through activities such as health fairs. Weekly youth health education activities in sponsoring schools addressed topics such as healthy food choices, anatomy and how the body works, self-care, sexuality/family planning, HIV/AIDS, infectious diseases, and violence. *Proyecto* HEAL activities also aimed to develop leadership and team-building skills, self-esteem, and cultural identification. Enrolled youth participated in and gave presentations at local and state health conferences, PTA and other school meetings, and health fairs. Ninety-five youths participated over four years. YDI considered its most significant *Proyecto* HEAL activity to be the sponsorship of health fairs, which began in July 1996. YDI sponsored its first health fair with the Los Padillos Community Center; 15 other agencies participated, and 300 community members attended. The purpose of the fair was to provide information about health and how to access care. YDI sponsored two additional health fairs with Los Padillos in June 1997; attendance was 400 to 600 people; and more than 30 agencies participated. YDI also received a city-owned building to develop as a youth center.

Background

In 1993, New Mexico was the nation's 44th state in per capita income, with average income 25% below the national average. It had a higher proportion of Hispanics — 40% — than any other state. The target area of Bernalillo County accounted for nearly one-third of New Mexico's total population, with approximately half a million residents, 37.1% of whom were Hispanic. Nearly one-fifth of these Hispanic residents had incomes below the poverty line. The Center for Social Policy ranked New Mexico 46th out of 50 states in the health and well-being of its children.

Youth Development, Inc. (YDI), a community-based organization, was founded in 1971 under the sponsorship of the Bernalillo County Commission to help reduce juvenile delinquency. It provides social, educational, and psychological services for youth in Albuquerque and in Bernalillo County, New Mexico, including such services as counseling, youth clubs, job placement, dropout prevention, temporary shelter for youth in crisis, and long-term treatment for emotionally disturbed youth.

The Project

After some initial problems with schools that misunderstood the purpose of the program (one school initially referred disruptive children to the *Proyecto* HEAL program), YDI recruited 95 youth participants, aged 9 to 12, over four years. YDI provided *Proyecto* HEAL health education and leadership activities in weekly sessions at sponsoring schools and through field trips. The curricula for youth included "Healthy Food Choices," "Anatomy and How the Body Works," "Hygiene," "Inhalant Abuse," "Good/Bad Touch," "Gang Prevention," "Gun Safety," "HIV/AIDS," and "First Aid/CPR." To develop their leadership and team-building skills, self-esteem and cultural identification, enrolled youth participated in and gave presentations at local and state health conferences, PTA and other school meetings, and health fairs. Fifteen youth participants from year one were enlisted as mentors for youths in subsequent years, assisting YDI staff in several activities. YDI also developed a summer *Proyecto* HEAL children's program offering health education and recreational activities at a youth center. The summer program ran once a week for eight weeks. Program attendance ranged from 50 to 80 children per day.

Activities directed at parents and other family members included workshops on mammograms and cervical exams, nutrition, and parent skills. YDI also adapted *Strengthening Families* to help families prevent or reduce the serious health and social risks associated with adolescent sexual activity and pregnancy.

YDI considered its most significant *Proyecto* HEAL activity to be the sponsorship of health fairs, beginning in July 1996. YDI sponsored its first health fair with the Los Padillos Community Center; 15 other agencies participated, and 300 community members attended. The purpose of the fair was to provide information about health and how to access care. Persons attending could receive diabetes screenings, blood pressure checks, and health and safety information. YDI identified eight people who were eligible for Medicaid and enrolled them in the program. YDI sponsored two additional health fairs with Los Padillos in June 1997; 400 to 600 people attended and 30 agencies participated in these events.

Through *Proyecto* HEAL, YDI provided education and training to Head Start staff in nutrition and preparing healthy meals, and to local school staff in nutrition and health issues. It also developed partnerships or participated in interagency coalitions for health education, planning, or service provision with 30 other agencies including the American Red Cross, Bernalillo Safe Kids Coalition, University of New Mexico Student Health Center, New Mexico State Police, Ditch and Water Safety Task Force, Planned Parenthood of Albuquerque, and the Fathering Center. Planned Parenthood donated time to present information to community members on puberty and on "Good Touch/Bad Touch." Bernalillo Safe Kids donated smoke detectors and provided lectures on gun safety; the Albuquerque Fire Department trained families (in English and Spanish) on fire safety and the use of smoke detectors; and the University of New Mexico Student Health Center hosted a tour of the facility to acquaint youth with how hospitals work. YDI also received a city-owned building to develop as a youth center.

Communication

YDI, through *Proyecto* HEAL, periodically issued the *Proyecto HEAL Newsletter* to inform families, the schools, and other community agencies about *Proyecto* HEAL activities. The HEAL staff made radio and TV presentations and developed public service announcements (PSAs).

Next Steps

Historically, YDI's primary health activity was an outreach HIV/AIDS program. YDI has maintained its involvement with health issues. It now has eight health programs, sponsors periodic health fairs, and collaborates with 30 other agencies on health-related issues. It has continued *Strengthening Families* and *About Adolescence* training as part of agency services, and also incorporates parent components into Head Start programming. Many of the services are based out of a youth center developed under HEAL in a building donated by the City of Albuquerque.

PLANNING PROJECT

Centro de Salud Familiar La Fe
700 S. Ochoa Street
El Paso, TX 77901
$15,000 (12 months from 09/01/92 to 08/31/93)
Salvador Balacorta, Executive Director
(915) 545-4550

Summary

In 1993, South El Paso was 95% Hispanic. Per capita income was less than $3,000 a year, and unemployment was almost 11% in El Paso County and higher in South El Paso. According to a 1991 study by Zero Population Growth, lack of employment, substance abuse, gangs (of which 4% of the adult population were members), substandard living, and a high crime rate made El Paso the fourth worst city in the nation for child stress and raising children. *Centro de Salud Familiar La Fe* participated in the Hispanic Health Needs Assessment (HHNA) during the first year of the program. The *Profiles in Health* report based on the HHNA reported that for four leading causes of death, Hispanic mortality rates were 30% higher than the goal rates of Healthy People. The infant mortality rate for Hispanics in the community was higher than for the general El Paso population and the national rate for Hispanics; and 65% of community residents reported difficulty in getting needed health care services.

The written proposal submitted for the implementation phase was reviewed by the National Advisory Committee (NAC) along with the proposals from the other seven sites. Members of the NAC scored each section of the proposals on a 100-point scale. The NAC prepared written evaluation reports for each proposal, including their strengths and weaknesses. Based on the NAC's criteria, Centro de Salud Familiar Le Fe was not selected to receive implementation funding.

Report Prepared by: Mike Jackson and Janet Heroux. Reviewed by: Molly McKaughan and Marian Bass. Program Officers: Marguerite Johnson-Rountree, Eric (Tito) Coleman, and Terri G. Appel.

Appendix

(As provided by the grantee organization; not verified by RWJF.)

National Advisory Committee Members

Adela Gonzalez, MPA
Health Director
Department of Health and Human Services
Dallas, TX

Dan R. Jimenez, PhD
Director of Urban Affairs
Kaiser Permanente, Public Affairs Department
Pasadena, CA

Joseph Rubio, PhD
Director of Program Services
March of Dimes
White Plains, NY

Esther Scimmarella
Special Assistant to the Commissioner for Hispanic Affairs
City of Chicago Department of Health
Chicago, IL

Irma Serrano
Soundsview Throgs-Neck
Community Mental Health Center
Bronx, NY

Anne Yegge
Director of Human Services
City of Albuquerque
Albuquerque, NM

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Delivering Preventive Health Care to Hispanics: A Manual for Providers. Washington, DC: The National Program Coalition of Hispanic Health and Human Services Organizations (COSSMHO), 1995. 550 copies distributed to January 1998.

Families, Adolescents, Children, and Training Resources (FACT) Guide. Washington, DC: The National Program Coalition of Hispanic Health and Human Services Organizations (COSSMHO), 1995. 250 copies distributed to January 1998.

The Hispanic Health Needs Assessment: A Guide for Documenting Health Status and Establishing Priorities. Washington, DC: The National Program Coalition of Hispanic Health and Human Services Organizations (COSSMHO), 1995. 250 copies distributed to January 1998.

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Jane Delgado, "Strategic Planning " at the Latino Coalition for a Healthy California, Annual Policy Committee Retreat, June 9-10, 1995, San Francisco, CA.

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